510(k) Summary

MAY 2 4 2013

[As required by 21 CFR 807.92]

1. Date Prepared [21 CFR807.92 (a) (1)]

March 30, 2012

2. Submitter's Information [21 CFR807.92 (a) (1)]

Name of Sponsor:	SonoScape Company Limited
Address:	Yizhe Building, Yuquan Road, Nanshan, Shenzhen 518051, P.R.China
Contact Name:	Zhou Wenping
Telephone No.:	+86 755 26722890
Fax No.:	+86 755 26722850
Email Address:	Zhou@sonoscape.net / Faith@sonoscape.net

3. Trade Name, Common Name, Classification [21 CFR807.92(a)(2)]

Trade Name:	S9 Portable Digital Color Doppler Ultrasound System
Common Name:	Diagnostic Ultrasound System and Transducers
Classification:	
21 CFR892.1550 Ultrasonic Pulsed Doppler Imaging System	Product code: IYN
21 CFR892.1560 Ultrasonic Pulsed Echo Imaging System	Product code: IYO
21 CFR892.1570 Diagnostic Ultrasonic Transducer	Product code: ITX
Classification Panel:	Radiology
Device Class:	II

4. Identification of Predicate Device(s) [21 CFR 807.92(a)(3)]

The identified predicates within this submission are as follows:

SonoScape Company Limited, Diagnostic Ultrasound System, Model S6 has been cleared by FDA through 510(k) No.K112602 (Decision Date – November 07, 2011).

5. Description of the Device [21 CFR 807.92(a)(4)]

The SonoScape S9 Portable Digital Color Doppler Ultrasound System is an integrated preprogrammed color ultrasound imaging system, capable of producing high detail resolution intended for clinical diagnostic imaging applications.

The all digital architecture with progressive dynamic receive focusing allows the system to maximize the utility of all imaging transducers to enhance the diagnostic utility and confidence provided by the system. The exam dependent default setting allows the user to have minimum adjustment for imaging the patient, while the in-depth soft-menu control allows the advanced user to set the system for different situations. The architecture allows cost-effective system integration to a variety of upgrade-able options and features.

This SonoScape system is a general purpose, software controlled, diagnostic ultrasound system. Its basic function is to acquire ultrasound data and display the image in B-Mode (including Tissue Harmonic Image), M-Mode, TDI, Color-Flow Doppler, Pulsed Doppler and Power Doppler, or a combination of these modes, 3D/4D.

6. Intended Use [21 CFR 807.92(a)(5)]

The SonoScape S9 device is a general-purpose ultrasonic imaging instrument intended for use by a qualified physician for evaluation of Fetal, Abdominal, Pediatric, Small Organ (breast, testes, thyroid), Cephalic(neonatal and adult), Trans-rectal, Trans-vaginal, Peripheral Vascular, Musculo-skeletal (Conventional and Superficial), Cardiac (neonatal and adult), OB/Gyn and Urology.

7. Technological Characteristics [21 CFR 807.92(a)(6)]

Table 1 Transducer Information

No.	Probe	Type	Frequency Range	Intended Use
1	C344	curved Array	2.0-5.0 MHz	Fetal / Abdominal/ Ob/GYN
2	C353	curved Array	2.0-6.0 MHz	Fetal / Abdominal/ Ob/GYN

No.	Probe	Type	Frequency Range	Intended Use
3	C322	curved Array	2.0-6.0 MHz	Fetal / Abdominal/ Ob/GYN
4	VC6-2	curved Array	2.0-6.0 MHz	Fetal / Abdominal/ Ob/GYN
5	6V1	Micro-curved Array	4.0-8.0 MHz	Trans-rectal Trans-vaginal
6	6V3	Micro-curved Array	5.0-9.0 MHz	Trans-rectal Trans-vaginal
7	L741	Linear Array	5.0-10.0 MHz	Small Organ (reast, thyroid,testes) Musculo-skeletal (Conventional) Peripheral vessel
8	L742	Linear Array	5.0-12.0 MHz	Small Organ (reast, thyroid,testes) Musculo-skeletal (Conventional) Musculo-skeletal (Superficial) Peripheral vessel
9	L752	Linear Array	5.0-12.0 MHz	Small Organ (reast, thyroid,testes) Musculo-skeletal (Conventional) Musculo-skeletal (Superficial) Peripheral vessel
10	2P2	Phase Array	1.0-5.0 MHz	Abdominal Cephalic(neonatal and adult) Cardiac (neonatal and adult)
11	3P1	Phase Array	1.0-5.0 MHz	Abdominal Cephalic(neonatal and adult) Cardiac (neonatal and adult)
12	5P2	Phase Array	3.0-8.0 MHz	Pediatric Neonatal Cephalic Cardiac Pediatric
13	8P1	Phase Array	4.0-12.0 MHz	Pediatric Neonatal Cephalic Cardiac Pediatric

8. Substantial Equivalence [21 CFR 807.92(b) (1) and 807.92]

Safety Considerations:

The S9 Portable Digital Color Doppler Ultrasound System with added transducer incorporates the same fundamental technology as the predicate device. The device has been tested as Track 3 Device per the FDA Guidance document "Information for Manufacturers Seeking Marketing Clearance of Diagnostic Ultrasound Systems and Transducers" issued September 9, 2008. The acoustic output is measured and calculated per NEMA UID 2: 2004 Acoustic Output Measurement Standard for Diagnostic Ultrasound Equipment and NEMA UD3: 2004 Standards for Real-time Display of Thermal and Mechanical Acoustic Output Indices on Diagnostic Ultrasound Equipment. The device conforms to applicable medical device safety standards, such as IEC 60601-1, IEC 60601-1-2, IEC 60601-2-37, ISO10993-5and ISO 10993-10.

Testing:

Laboratory testing was conducted to verify that the S9 Portable Digital Color Doppler Ultrasound System with added transducer met all design specification and was substantially equivalent to the currently marketed Predicate Device as above. The device has been found to conform to applicable medical device safety standards in regards to thermal, mechanical and electrical safety as well as biocompatibility. Acoustic output is measured and calculated according to "Acoustic Output Measuring Standard for Diagnostic Ultrasound Equipment".

Tab 2 Applicable Safety Standards

Standards No.	Standards Title	Version	Date
IEC 60601-1	Medical Electrical Equipment - Part1. General Requirements for Safety	1988+A1: 1991+A2: 1995	10/31/2005
IEC 60601-1-2	Medical Electrical Equipment, Part 1-2: General Requirements for Safety – Collateral Standard: Electromagnetic Compatibility – Requirements and Tests	2007	03/01/2007
IEC 60601-2-37	Medical Electrical Equipment, Part 2-37: Particular Requirements for the Safety of Ultrasonic Medical Diagnostic and Monitoring Equipment	2007	08/01/2007

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NEMA UD 2	Acoustic Output Measurement Standard for Diagnostic Ultrasound Equipment Version 3	2004	01/01/2004 (R 2009)
NEMA UD3	Standard for Real-Time Display of Thermal and Mechanical Acoustic Output Indices on Diagnostic Ultrasound Equipment	2004	01/01/2004 (R 2009)
ISO 10993-5	Biological evaluation of medical devices - Part 5: Tests for In Vitro cytotoxicity	1999	05/15/1999
ISO 10993-10	Biological evaluation of medical devices - Part 10: Tests for irritation and delayed-type hypersensitivity	2002	09/01/2002

Results of performance and compliance testing conducted on the S9 Portable Digital Color Doppler Ultrasound System, indicates conformance to all applicable standards recognized by FDA for this device.

Based on non-clinical test results, S9 Portable Digital Color Doppler Ultrasound System is substantially equivalent to predicate devices in safety and effectiveness.

9. Conclusion [21 CFR 807.92(b) (3)]

In accordance with the Federal Food, Drug and Cosmetic Act, 21 CFR Part 807 and based on the information provided in this premarket notification, SonoScape Company Limited concludes that S9 Portable Digital Color Doppler Ultrasound System is substantially equivalent to predicate devices with regard to safety and effectiveness.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
Document Control Center – WO66-G609
Silver Spring, MD 20993-0002

May 24, 2013

SonoScape Company Limited
% Ms. Toki Wu
Yizhe Building, Yuquan Road, NanShan
Shenzhen, Guangdong 518051
P.R. CHINA

Re: K131088
Trade/Device Name: S9 Portable Digital Color Doppler Ultrasound System
Regulation Number: 21 CFR 892.1550
Regulation Name: Ultrasonic pulsed echo imaging system
Regulatory Class: Class II
Product Code: IYN, IYO, and ITX
Dated: March 26, 2013
Received: April 18, 2013

Dear Ms. Wu:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

This determination of substantial equivalence applies to the following transducers intended for use with the S9 Portable Digital Color Doppler Ultrasound System, as described in your premarket notification:

Transducer Model Number

2P2 Phase Array	3P1 Phase Array	5P2 Phase Array
8P1 Phase Array	6V1 Micro-curved Array	6V3 Micro-curved Array
C344 Curved Array	C353 Curved Array	C322 Curved Array
VC6-2 Curved Array	L741 Linear Array	L742 Linear Array
	L752 Linear Array	

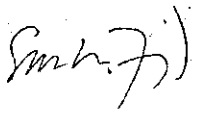
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. In addition, FDA may publish further announcements concerning your device in the Federal Register.
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus permits your device to proceed to market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

If you have any questions regarding the content of this letter, please contact Shahram Vaezy, Ph.D. at (301) 796-6242.

Sincerely yours,



for

Janine M. Morris
Director, Division of Radiological Devices
Office of In Vitro Diagnostics
and Radiological Health
Center for Devices and Radiological Health

Enclosures

Indications for Use

510(k) Number (if known): K131088

Device Name: S9 Portable Digital Color Doppler Ultrasound System

Indications for Use: The SonoScape S9 device is a general-purpose ultrasonic imaging instrument intended for use by a qualified physician for evaluation of Fetal, Abdominal, Pediatric, Small Organ (breast, testes, thyroid), Cephalic(neonatal and adult), Trans-rectal, Trans-vaginal, Peripheral Vascular, Musculo-skeletal (Conventional and Superficial), Cardiac (neonatal and adult), OB/Gyn and Urology.

Prescription Use ____X___ AND/OR Over-The-Counter Use _____
(Part 21 CFR 801 Subpart D) (21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of *In Vitro* Diagnostics and Radiological Health (OIR)

(Division Sign Off)
Division of Radiological Health
Office of *In Vitro* Diagnostic and Radiological Health

510(k) K131088

Diagnostic Ultrasound Indications for Use Form

System: SonoScape S9
Diagnostic Ultrasound Pulsed Echo System
Diagnostic Ultrasound Pulsed Doppler Imaging System

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal	N	N	N		N	N	Note 1	Notes 2,4,5
	Abdominal	N	N	N		N	N	Note 1	Notes 2,4,5
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric	N	N	N		N	N	Note 1	Notes 2,4
	Small Organ (specify)	N	N	N		N	N	Note 1	Notes 2,4,6
	Neonatal Cephalic	N	N	N	N	N	N	Note 1	Notes 2,3,4
	Adult Cephalic	N	N	N	N	N	N	Note 1	Notes 2,3,4
	Trans-rectal	N	N	N		N	N	Note 1	Notes 2,4
	Trans-vaginal	N	N	N		N	N	Note 1	Notes 2,4
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)	N	N	N		N	N	Note 1	Notes 2,4
	Musculo-skeletal (Superficial)	N	N	N		N	N	Note 1	Notes 2,4
	Intravascular								
	Other (Ob/GYN)	N	N	N		N	N	Note 1	Notes 2,4,5
Cardiac	Cardiac Adult	N	N	N	N	N	N	Note 1	Notes 2,3,4
	Cardiac Pediatric	N	N	N	N	N	N	Note 1	Notes 2,3,4
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel	N	N	N		N	N	Note 1	Notes 2,4
	Other (specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

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Division of Radiological Health
Office of *In Vitro* Diagnostic and Radiological Health

510(k) _____

Diagnostic Ultrasound Indications for Use Form

Transducer: 2P2 Phase Array
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CW D	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal	N	N	N		N	N	Note 1	Notes 2,4
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic	N	N	N	N	N	N	Note 1	Notes 2,3,4
	Adult Cephalic	N	N	N	N	N	N	Note 1	Notes 2,3,4
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
Cardiac	Cardiac Adult	N	N	N	N	N	N	Note 1	Notes 2,3,4
	Cardiac Pediatric	N	N	N	N	N	N	Note 1	Notes 2,3,4
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Other (specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

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Office of *In Vitro* Diagnostic and Radiological Health

510(k) _____

Diagnostic Ultrasound Indications for Use Form

Transducer: 3P1 Phase Array
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal	N	N	N		N	N	Note 1	Notes 2,4
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic	N	N	N	N	N	N	Note 1.	Notes 2,3,4
	Adult Cephalic	N	N	N	N	N	N	Note 1	Notes 2,3,4
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
Cardiac	Cardiac Adult	N	N	N	N	N	N	Note 1	Notes 2,3,4
	Cardiac Pediatric	N	N	N	N	N	N	Note 1	Notes 2,3,4
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Other (specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

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Diagnostic Ultrasound Indications for Use Form

Transducer: 5P2 Phase Array
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric	N	N	N		N	N	Note 1	Notes 2,4
	Small Organ (specify)								
	Neonatal Cephalic	N	N	N	N	N	N	Note 1	Notes 2,3,4
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric	N	N	N	N	N	N	Note 1	Notes 2,3,4
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Other (specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

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Diagnostic Ultrasound Indications for Use Form

Transducer: 8P1 Phase Array
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric	N	N	N		N	N	Note 1	Notes 2,4
	Small Organ (specify)								
	Neonatal Cephalic	N	N	N	N	N	N	Note 1	Notes 2,3,4
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric	N	N	N	N	N	N	Note 1	Notes 2,3,4
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Other (specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

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Diagnostic Ultrasound Indications for Use Form

Transducer: 6V1 Micro-curved Array
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal	P	P	P		P	P	Note 1	Notes 2,4
	Trans-vaginal	P	P	P		P	P	Note 1	Notes 2,4
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Other (specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

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510(k) _____

Diagnostic Ultrasound Indications for Use Form

Transducer: 6V3 Micro-curved Array
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal	P	P	P		P	P	Note 1	Notes 2,4
	Trans-vaginal	P	P	P		P	P	Note 1	Notes 2,4
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Other (specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

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510(k) _____

Diagnostic Ultrasound Indications for Use Form

Transducer: C344 Curved Array
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal	P	P	P		P	P	Note 1	Notes 2,4
	Abdominal	P	P	P		P	P	Note 1	Notes 2,4
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)	P	P	P		P	P	Note 1	Notes 2,4
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Other (specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

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Diagnostic Ultrasound Indications for Use Form

Transducer: C353 Curved Array
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal	N	N	N		N	N	Note 1	Notes 2,4
	Abdominal	N	N	N		N	N	Note 1	Notes 2,4
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)	N	N	N		N	N	Note 1	Notes 2,4
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Other (specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

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Diagnostic Ultrasound Indications for Use Form

Transducer: C322 Curved Array
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal	N	N	N		N	N	Note 1	Notes 2,4
	Abdominal	N	N	N		N	N	Note 1	Notes 2,4
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)	N	N	N		N	N	Note 1	Notes 2,4
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Other (specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

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Diagnostic Ultrasound Indications for Use Form

Transducer: VC6-2 Curved Array
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal	P	P	P		P	P	Note 1	Notes 2,4,5
	Abdominal	P	P	P		P	P	Note 1	Notes 2,4,5
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal **(Conventional)**								
	Musculo-skeletal **(Superficial)**								
	Intravascular								
	Other (Ob/GYN)	P	P	P		P	P	Note 1	Notes 2,4,5
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Other (specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

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Diagnostic Ultrasound Indications for Use Form

Transducer: L741 Linear Array
Diagnostic Ultrasound Transducer
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)	P	P	P		P	P	Note 1	Notes 2,4,6
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)	P	P	P	P	P	P	Note 1	Notes 2,4
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel	P	P	P		P	P	Note 1	Notes 2,4
	Other (specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

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Diagnostic Ultrasound Indications for Use Form

Transducer: L742 Linear Array
Diagnostic Ultrasound Transducer
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)	P	P	P		P	P	Note 1	Notes 2,4,6
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)	P	P	P		P	P	Note 1	Notes 2,4
	Musculo-skeletal (Superficial)	P	P	P		P	P	Note 1	Notes 2,4
	Intravascular								
	Other (Ob/GYN)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel	P	P	P		P	P	Note 1	Notes 2,4
	Other (specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

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Diagnostic Ultrasound Indications for Use Form

Transducer: L752 Linear Array
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)	N	N	N		N	N	Note 1	Notes 2,4,6
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)	N	N	N		N	N	Note 1	Notes 2,4
	Musculo-skeletal (Superficial)	N	N	N		N	N	Note 1	Notes 2,4
	Intravascular								
	Other (Ob/GYN)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel	N	N	N		N	N	Note 1	Notes 2,4
	Other (specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

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